



12 CIV. 1029

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Jose Olivo

11A0279

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

The City of New York et AL.

The New York Post

Detective: Jose Criollo, shield # 4076
Detective: Albert Velez, shield # 4287

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name Jose Olivo

ID # 11A0279

Current Institution Sing Sing Correctional Facility

Address 354 Hunter Street

Ossining N.Y. 10562

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Jose Criollo Shield # 4076
 Where Currently Employed Midtown Detectives Squad
 Address 306 West 54th Street floor 2nd
New York, NY. 10019

Defendant No. 2 Name Albert Velez Shield # 4287
 Where Currently Employed Midtown Detectives Squad
 Address 306 West 54th Street floor 2nd
New York, NY. 10019

Defendant No. 3 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? N/A

B. Where in the institution did the events giving rise to your claim(s) occur? N/A

C. What date and approximate time did the events giving rise to your claim(s) occur? April 2,
2010 At Approximately 12:45 PM

What happened
to you?

Who did
this to you?

Was anyone
else involved?

Is there
anything else
you want to
add?

D. Facts: on April 2, 2010 The plaintiff herein was Arrested in the county of New York by officers of Midtown Detectives Squad, 306 West 54th Street N.Y. for burglary offenses, The plaintiff was there after Arraigned in the New York County Criminal Court and bailed of 3 hundred dollars at the Arrainment Docket# 2010NY024913 Subsequently there after plaintiff chargeses of Burglary 3rd degree PL 140.20 and it was dismissed on June 23, 2010 The plaintiff further states

that at the time of his Arrest and prosecution a cell phone of Value of one hundred and fifty dollars was confiscated from his personal property and he is now seeking to recover belongings Docket# 2010NY024913 Dismissed June 23, 2010 When the detective Jose Criollo shield# 4076 and Albert - Velez, shield# 4287, Arrested me my brother manuel olivo and my Two kids ANA is maria olivo and Jose manuel olivo III They saw me getting Arrested and my Kid's was crying when Detectives Jose criollo# shield# 4076 put me in his car and took me away from them.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. The plaintiff is seeking monetary compensation in the Amount \$750,000.00 for malicious prosecution, Defamation of Character, Pain & Suffering, mental Anguish and the missing personal property of one hundred and fifty dollars which was worth of cell phone was used A Evidence and Never returned.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

NONE

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

N/A

2. What was the result, if any?

N/A

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: _____

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Monetary Compensation of false
Arrest on April 2ND of 2010 with false imprisonment
during the time of April 2ND to June 23RD of 2010 with
malicious prosecution of Burglary in the 3RD degree and,
Defamation of Character who is the New York Post 1211 Ave.
of America NY NY 10036-8790, which gave mental Anguish
and pain and suffering of Violating the plaintiff Civil
Right under the 4, 8, 14TH Amendment of the Constitution

Two hundred and fifty thousand dollars

\$ 250,000.00

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

- Plaintiff - N/A

Defendants _____

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number _____

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition NA

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

On other claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____ *LS*

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county)

3. Docket or Index number

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) The case was dismissed by the grand jury which was terminated in the favor of Accused

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 4 day of February, 2012.

Signature of Plaintiff

Inmate Number

Institution Address

[Signature]
11A0279
Sing Sing Correctional Facility
354 Hunter Street
Ossining N.Y. 10562

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of February, 2012 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

[Signature]

Signed before me this
4th day of February 2012

[Signature]

RANSFORD I. MADOURIE
COMMISSIONER OF PRISON
OFFICE OF PRISON
CORRECTIONS
COMMISSIONER'S OFFICE
COMMISSIONER'S OFFICE
2012